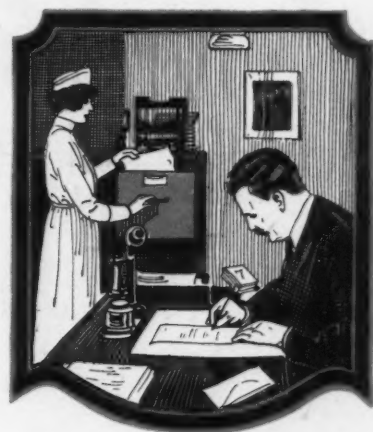


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December, 1925

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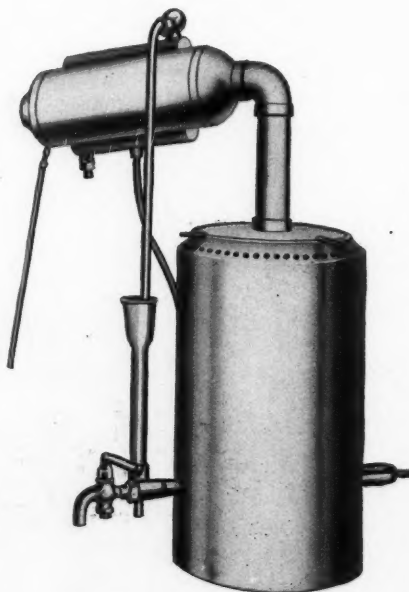
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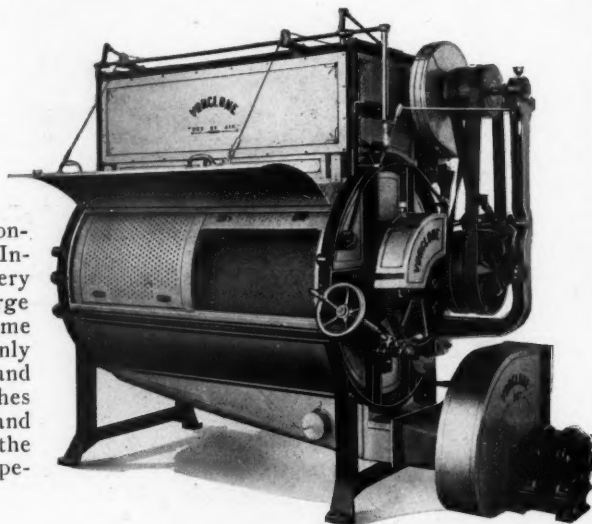
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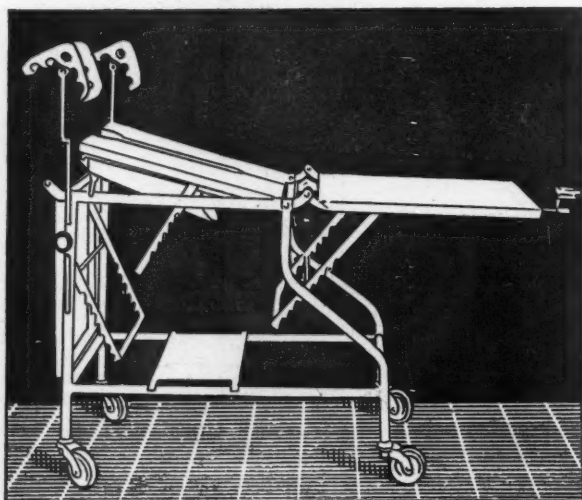
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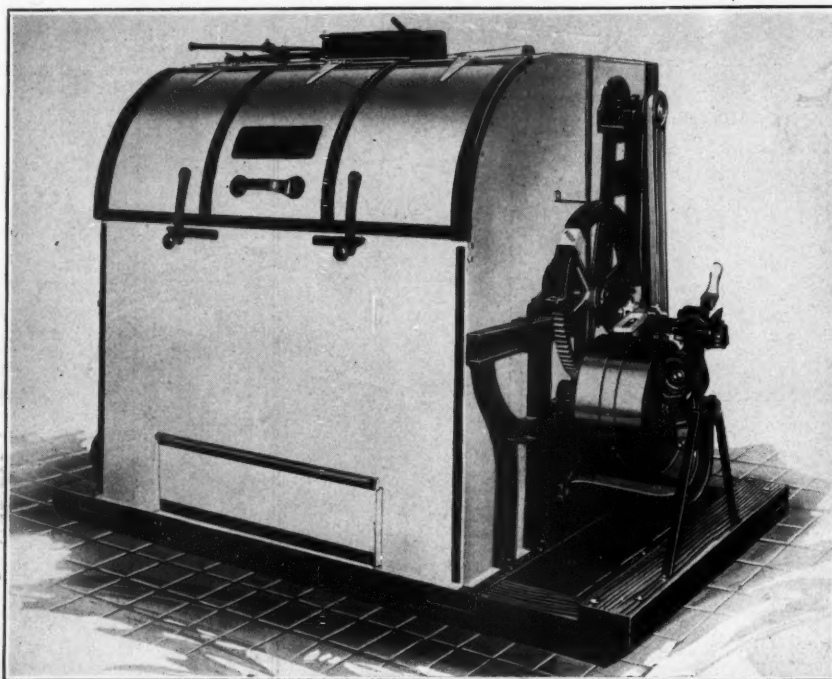
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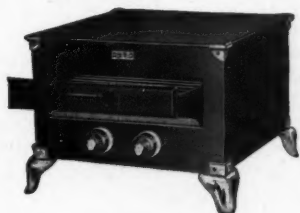
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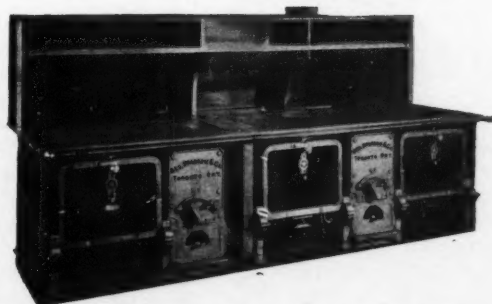
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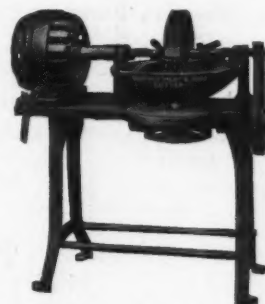
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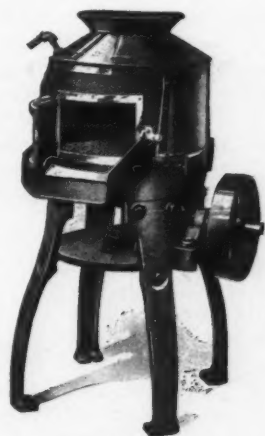
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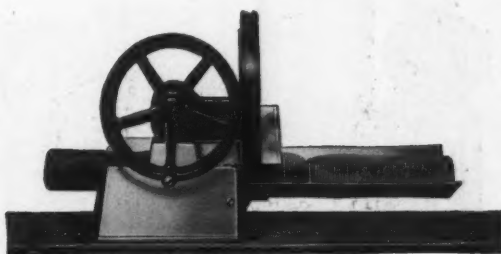
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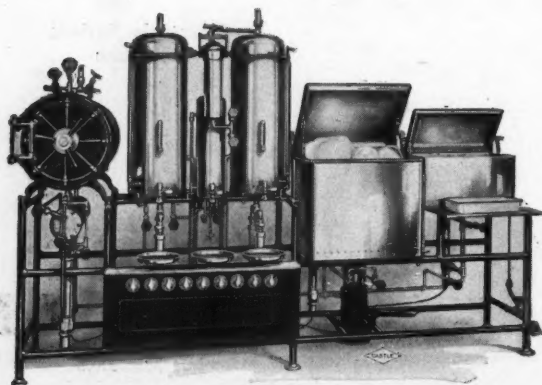
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VOL. 2 DECEMBER, 1925 No. 12

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More Dietitians Needed

In the report of the Committee on Food Service and Equipment for Food Service, presented to the American Hospital Association at Louisville, it was recommended that medical educators be urged to consider carefully the advisability of more extensive training in nutrition in the Schools of Medicine.

When we consider that there is, so far as can be ascertained, not more than one dietitian for every five or six hospitals and allied institutions in Canada, the need for more expert supervision of the food, its preparation and the way it is served to patients and staffs, is plainly of major importance.

Most of the larger hospitals handle the problem satisfactorily but in the smaller hospitals few afford

the service of the trained dietitian. In these a trained nurse usually has charge of the food, not only in connection with the care of the patient, but for the other personnel of the hospital.

The nurse finds it necessary to supervise, help to prepare all menus, to control the waste, look after the buying, and if she is attempting to conduct a school for nurses to teach dietetics. With many nurses facing the above as a fact, it is generally admitted that the average nurse is not given training in any way to fit her for this responsibility.

The average physician with a practice is not able to attend to minor details in connection with the care of his patient. He should look to the dietitian in the larger hospitals or the nurse in the smaller hospitals as he would to the laboratory or X-Ray technician. It is the duty of all departments of the hospital to be able to meet the needs of the profession and this is especially true in a department having to do with such an important detail in the treatment of the patient.

The Committee rightly points out that every hospital, regardless of size, attempting to train nurses should afford the services of a trained dietitian. At the present time, unfortunately, there is not a sufficient number of dietitians to fill these places.



Hospital Amalgamation

The substantial annual deficits shown by many of our hospitals, high upkeep costs and lack of needed accommodation has again raised the question of amalgamation and its possible advantages.

In the opinion of Dr. A. K. Haywood, Superintendent of the Montreal General Hospital, amalgamation of the five general hospitals of Montreal would result in increased room, greater economy, better facilities for teaching of medical students and generally make for efficiency in the operation of the institution.

"As badly as funds are needed for the operation of hospitals," said Dr. Haywood, "much more could be done with what we have, by a readjustment of methods of administration. There is no doubt that there is a great deal of duplication in the handling of the sick of this city and I have been fighting for more efficiency along those lines ever since 1921.

"For instance, the separation of the private patients and the placing of them all in one hospital would add about 450 to 600 beds without the erection of any new buildings."

Regarding the decision of Grace and Western Hospitals, Toronto, to amalgamate, the Governors of these institutions stated that the benefits of amalgamation to each and to the public were so clearly apparent that the only questions requiring further consideration were those of policy and of public interest, concerning the many ways in which the amalgamated institution could best function to the end in view of maximum public service at the lowest possible cost to the public.

If one large, well equipped and efficiently managed institution can give better accommodation at lower costs than two separate hospitals, the wisdom of amalgamating is apparent.

Enlarge Scope Of Sanitariums

At the twenty-fourth annual convention of the Women's Institutes of Ontario, held in Toronto, in November, Dr. J. W. Bell, of the Provincial Department of Health, urged the importance of keeping up the routine taught at the tubercular sanitariums after the patient returns home.

In the sanitarium the patient learns how to apply fresh air, sunshine, food and rest, the four great factors in right living. When he returns to his home, domestic routine too often interferes with these practises and the patient suffers, said Dr. Bell: "There are now eight sanitariums in Ontario, and it is my opinion that each one should be a centre, whose territory extends over the whole adjacent area until it connects with the next one. It should not only be responsible for the active and acute cases which are within its walls, and must, of course be treated there, but it should also have the supervision of all people in that area of the country, from a tubercular or chest point of view. It should have a system which includes the examination of the home from which the patient is taken, to investigate infection left there, such as any tubercular contact, which is the most important factor in the spread of the disease, because every tubercular contact is a potentially active case. In this way the sanitarium would extend its influence one hundred fold.

"The tubercular sanitariums are doing a tremendous work to-day, but they are not doing enough. They are at present only caring for the definite cases."

Patient Labour Used In Building

The fine new building at the Ontario Hospital, Orillia, which has been erected this summer for the housing of epileptic and infirm patients is practically completed and will be an extensive addition to the large accommodation already provided.

The new building is situated in the south western portion of the grounds and is closer to the lake than the main buildings. With the exception of the executive section which is in the centre it is all in one story which will greatly reduce the fire risks, an important feature in the care of this class of patient.

The outer walls are of tapestry brick with stucco frieze ornamented with tile and there are two wings each 190 x 80 feet providing separate wards for men and women. Four inches of insulating material is used in the walls and four to six inches in the roof, this being expected to render the building warmer for winter and cooler in the summer time. It is also orientated so as to have complete sun exposure on three sides. The walls are of gyproc and the noiseless, fireproof floors are of mastic over concrete.

In the construction of this building patient labor was employed for the rough work under the supervision of the head mechanics on the staff, thus putting into practice the theory advocated when in the Legislature, by Mr. Downey, that patients in Provincial Hospitals could be usefully employed in many ways thus adding to their own happiness and reducing the burden of maintenance.

Red Cross Society To Establish New Outpost Hospitals

The executive of the Ontario Division of the Canadian Red Cross Society, at a meeting held in Toronto on Nov. 18th, decided to open two more Nursing Outpost Hospitals, one at Whitney and the other at Loring, both in the Parry Sound district. These, with one at Kirkland Lake, which is in course of construction, bring the total of such outposts operated by the Ontario Division to fifteen. Surveys to determine the possibility and advisability of establishing outposts have been made at Massey, Atikokan and Coldwater.

Seven hundred and seven branches of the Junior Red Cross, with an enrolment of 21,030, were reported organized since the opening of school in September. Last year \$1,573 was raised by the members of the Junior Red Cross, and spent largely on the helping of crippled children.

The financial statement showed an expenditure of \$107,000 for the ten months of the year. The sum of \$97,000 was spent upon Nursing Outposts, this total being made up by the division, by the municipalities, and by private subscriptions in the localities where outposts were established.

Mrs. H. P. Plumptre, Divisional President, occupied the chair, and other members present were: Mrs. Ronald Harris, London; J. M. Deacon, North Bay; Mrs. A. E. Ross, Kingston; Col. Noel Marshall, Mr. Alderson, Miss Jean I. Gunn, Dr. John Phair, Col. MacInnes, Mrs. Turnbull, A. H. Campbell, Col. J. A. Cooper, Toronto.

Dr. F. W. Routley, S. B. MacCreedy, Miss M. E. Wilkinson and Mrs. R. E. Hamilton attended as officials of the division.

Toronto General Wins Suit For Payment Of Patient's Bill

Justice Wright has allowed the claim of the Toronto General Hospital in the action brought against the town of Renfrew for \$1,081.50, in respect of the maintenance of Isobel Stringer from February 24, 1923, to February 14, 1925. Mrs. Stringer resided with her husband at Kirkland Lake, where the latter conducted a jewellery business. In September, 1921, she went to her mother's home in Renfrew to secure medical treatment, and was admitted to the Victoria Hospital there in January, 1922. Later she was a patient in Carleton Hospital at Ottawa.

During all this time her husband lived at Kirkland Lake, but at the end of 1922 he went to Renfrew and lived there with his wife and children. From there he took his wife to Toronto General Hospital.

His Lordship, in finding that Mrs. Stringer was a resident of Renfrew, says it appears to be a hard case on the dependent municipality, but there does not appear to be any escape if the objects of the Hospitals and Charitable Institutions Act are to be kept in view.

Do you need competent help? If so advertise in the classified columns of the Canadian Hospital.

Training Hospital Executives

*Report, in part, of the Committee on Training of Hospital Executives presented to the American Hospital Association at Louisville.**

Anyone conversant with the fundamental principles of modern business cannot but be convinced that this is the age of specialties. We can follow it all along the line of business, in manufacturing, in labor and especially the building trades, in farming and in the various professions. Any business to-day that is not headed by a trained man who can control lavish expenditures, check false economies, inefficient purchasing, inadequate inspection, excessive labor turnover and general lack of system and method which is so essential to a successful business, is doomed to failure.

So it is with our hospitals when they are not properly manned. The only difference is that the hospital can and does go to a kind and sympathetic public for money to save the situation while the business enterprise goes to the wall for lack of support.

There are 8,000 hospitals in the United States and Canada. In the two countries there are 700,000 patients in the hospitals at all times, with an annual expenditure for maintenance of probably \$600,000,000.00. In addition to this there are four or five thousand dispensaries connected directly or indirectly with our hospitals. \$300,000,000 is being expended this year for new hospital buildings.

In connection with the care of the sick is the educational work of the hospital such as training internes and nurses, and the community health work that every hospital should encourage.

A Great Unmet Need.

In spite of the large number of hospitals, scattered as they are, we find upon survey that there is ample evidence of a great unmet need, and it is reasonable to assume that the building of new hospitals, as well as increasing the capacity of the old, is going to proceed at an increasing rate.

In comparing hospitals with business enterprises we find that the percentage of failures in hospitals is very small. Therefore, the number that will go out of business is hardly worth considering. The point is that bed capacity for the care of the sick will rapidly increase in our cities and rural districts. Our people are, more and more, using the apartment house and hotel as a place of abode and therefore, when sick, they must seek the hospital where there are X-ray laboratories and sufficient equipment and organization to give proper care.

Twenty-five years ago, with but very few exceptions a hospital was a boarding house for the sick. The American Hospital Association was newly born and its membership comprised only a handful of men and women. With the march of business progress, the demand for higher education in all positions in life, the awakening of our government to the health problems of our people, the standardizing of medical schools, the demands for higher standards in nursing, the developing of the American Hospital Association, hospital literature,

a more educated public as to the necessity of hospital treatment for the sick, the standardizing of hospitals, and other factors have changed our institutions from boarding houses for sick people to institutions with many highly specialized departments. The hospital not only cares for the sick, but it has an educational function and is a decided factor in the community for preserving health through its out-patient department, social service, and the very respect which the community has for the hospital. The hospital should have the same relation to the health of the community that the school has to its education, and the church to its spiritual progress. So it is that our hospitals have rapidly developed into a highly complex specialty requiring employees with superior intelligence, skill and training.

The training and development of men and women to properly manage our institutions has not kept pace with the development of the business side nor the educational nor community health side. Therefore, we find ourselves to-day with a great shortage of capable people. There is a demand for those trained in institutional management, scientific technique, minimum standards for hospital service, community welfare and public health activities; in other words, men trained in both the professional, technical and business angles of the work.

The existing need then is, first, for the training of superintendents now holding positions but desiring to increase their usefulness by additional knowledge of those phases of management which were not previously acquired, and second, the more adequate training of assistant superintendents aspiring to independent positions and, finally, a complete course for those who are desirous of entering the field and who are willing to devote time and money necessary to meet the requirements of the curriculum as outlined by the educational board of the American Hospital Association.

Your committee feels that the need for training hospital executives is so apparent that a prolonged report is not necessary. In closing, we urge the Trustees of the American Hospital Association to consider the matter seriously and, as early as possible, put into effect the recommendations of the committee.

The Curriculum for Training

The training of hospital executives on a professional basis as distinct from incidental training, or training by experience on a quasi-apprenticeship basis, is practically an undeveloped field. Perhaps the thing that has explained so much may be used again to explain the keener realization of hospital service in preventive and curative medicine, and the need for the highest personal and trained leadership in the hospital field. *C'est la guerre.*

The war, by virtue of the emergency which it created, and the greater demand upon the social

*The complete report of the committee quotes the views of other well-known hospital executives and educators.

agencies accompanied by the awakened social consciousness, has revealed to us the deficiency of our hospital services, as well as its possibilities. There was even before the war an increasing consciousness of the possibilities of the hospital in the public health program. But the war, undoubtedly, deepened this consciousness and revealed new possibilities of hospital service, and especially emphasized for trained, informed, and constructive leadership in the hospital itself.

The first really significant step in the effort to provide facilities for the training of hospital executives was the report of the Committee on the Training of Hospital Executives, financed by the Rockefeller Foundation. Mr. Willard Rappleye, the superintendent of the New Haven General Hospital, as executive secretary of this committee, presented a report in April, 1922, which the representative committee felt "presented a reasonable basis for training hospital executives and for attracting into the field a group of individuals with proper qualifications for the work, and recommends that a course, or courses, of training of this general character be inaugurated under university auspices."

Major Points in Rockefeller Report.

Without attempting to review in detail this report, it may be well to state in summary form some of its major conclusions:

(1) The conception of the hospital as a co-ordinating social and educational agency in striking contrast to the conception of the hospital as a hotel for the sick and a mere convenience for the medical profession.

(2) The need, consequently, of constructive, even creative, social and educational leadership of the highest quality in the hospital itself in order to realize the new conception of the hospital. There is need for the training of creative thinkers and leaders as directors of co-ordinated programs of community health service in addition to training the administrators of the smaller hospitals.

(3) The necessity for clearly defining the duties of hospital superintendent, holding him responsible at the same time for the achievement of all the purposes of the hospital, and giving him the opportunity and the authority in accordance with his responsibility and the community function of the hospital.

(4) The provision for giving this training definitely under university auspices on a graduate basis.

(5) The training should extend over a period of not less than twelve, nor more than eighteen months. "Since it requires about four months to adequately cover a period of practical instruction in hospital operation, and a period of two months should be allowed for visiting other institutions and for final conferences, a total period of fifteen months seems to be the optimum length of the basic course, allowing a full nine months (corresponding to a university year) for the theoretical-demonstration work. Possibly additional work in summer session should be given."

(6) The proposed distribution of time of the curriculum is interesting as a first serious formulation of the curriculum, indicating the range of subject matter, its distribution and emphasis. The major

topics with the relative percentage of time to be given are:

1. Public Health	20%
2. Social Sciences	15%
3. Organization	15%
4. Hospital Functions and History ..	10%
5. Business Science	10%
6. Institutional Management	10%
7. Personnel Administration	5%
8. Community Hospital Needs ..	5%
9. Physical Plant	5%
10. Jurisprudence	5%

A. M. A. Committee Report of 1924.

The Committee on Training Hospital Executives of the American Hospital Association felt that the immediate need was for the encouragement of research and particularly for a "small group of investigators analyzing some of the fundamentals of community hospital needs and some of the problems ramifying from the contact." This is necessary to make the appeal to, and challenge the imagination of the best trained workers in the public health, which hospital administration has not, in the opinion of the committee, yet done. The committee, therefore proposed what is called a practical and modest move in the right direction, to wit:

Recommended, that effort be made to establish several fellowships in hospital administration under the National Research Council or other auspices, to finance qualified individuals to work on the problems of hospital administration under such conditions of freedom from routine work as will permit of productivity and training.

Why a University Training?

Mr. Gilmore in the discussion of this problem last year asked the question, "Why should a university undertake a thing of this kind?" Marquette University decided to undertake the training of hospital executives because we felt it was an occupation calling for the knowledge, skill and appreciation which is characteristic of genuine professional training, and the co-operation of the various schools of the university would make possible the organization and presentation of the necessary knowledge and the development of the necessary skill. Hospital administration was to be put on the same educational and professional basis as medicine, law, the superintendency of schools and other professions.

It will be helpful to permit Mr. Gilmore to answer his own question, in his own words:

Now you say, "Why should a university undertake a thing of this kind?" The reason is that the university is established for the good of humanity, of society. Hospitals touch society as closely as anything I know of. If you make better hospital executives, you are going to have better hospitals. When you have better hospitals, you are going to have better doctors. When you have better hospitals and better doctors, your patients are going to get better care. When you get better care for your patients, they are going to be sounder in body than they are now, and as they become sounder in body, they will be sounder in brain, and that is worthy of any university; so I put this thought out tonight

(Continued on page 28)

Meeting of Dietetic Council

Papers of Unusual Interest on Dietotherapy and Food Service are Featured during A. H. A. Convention

Interesting papers on dietotherapy and on hospital food service featured the annual meeting of the Hospital Dietetic Council at Louisville, Ky., October 19-21. Miss Rena S. Eckman, Michael Reese Hospital, Chicago, presided.

Dr. Arthur T. McCormack, health officer, Louisville, in the address of welcome, expressed appreciation that rational dietetics is becoming an influence throughout infancy, childhood, and adult life. The dietitians were complimented upon their sane methods of developing the procedures of dietetics and upon the fact that cranks in their profession are quite unusual.

Miss Florence Busse, Iowa State College, Ames, gave in detail the methods pursued in training young women for hospital dietetics. They are selected carefully with a view to their practicality, efficiency, leadership and academic training. She asked in return a square deal on the part of the hospital which allows them to function as student dietitians.

F. O. Barz, Bethesda Hospital, Cincinnati, in his talk, said a dietitian must show her progress by the continual improvement of her services rendered to the patient. There are a few underlying principles that should govern the hospital buyer, "First, determine what you need before you buy. Second, know how much you have on hand. Third, know the cost of supplies in order to make intelligent comparisons. Fourth, pay your bills promptly, and receive your discounts. Fifth, be up-to-date with equipment, but at the same time watch your budget."

Favors Central Store Room.

A central store room with central control is a necessity. Supplies should leave the store only by means of a system of rigid requisitions. Buy cautiously and use cautiously and with a certain stipulation as to frequency especially with the higher priced canned goods.

Dr. Joseph C. Doane, Philadelphia General Hospital, in discussing the duties of the dietitian, said they are so many and so varied that it would require a super-woman to perform them as the hospital personnel would like to enjoy them. The salaries paid to dietitians do not generally seem commensurate. The hospitals of the country spend annually nearly \$200,000,000 for food, an amount large enough to demand well planned work rooms with the best possible facilities for light, air and sanitation.

Successful administration demands that the dietitian should be definitely responsible to the hospital administrator, should be able to fill diet prescriptions and have the power to administer her own department without the aid of the many who so often want to help her. Dr. Doane believes that the dietitian should visit markets to keep in touch with commodities and prices. She should strive to create in a physician's mind a respect for her skill in order that he may take advantage of her ability to assist him in the dietary treatment of certain diseases. The dietitian can raise the hospital morale by feeding doctors, interns, nurses and employes an adequate and nourishing diet.

Food Economies.

Economy was the subject of a paper by Miss Irene Willson, Homeopathic Hospital, Pittsburgh, Pa., read at the Monday afternoon meeting. Good results in preparing and serving food can be obtained only by using the best material and practicing economy in its use. Several ways of preventing waste were suggested, such as using a butter cutter and sending to each floor the required number of pieces; using selective menus in order to serve the kind of bread desired; seeing that milk bottles are turned back and forth to mix the cream thoroughly, sending out the sugar in envelopes; making careful use of canned goods, and inspecting garbage. A few suggestions for reducing expenditures were made, such as using celery tops for flavoring instead of celery stalks; substituting oleo for butter in cooking and giving skim milk plus 20 per cent. cream for employes instead of whole milk. Each dietitian must work out what she conscientiously feels is economy under her own conditions.

Miss Marion Peterson, Miami Valley Hospital, Dayton, O., spoke concerning types of equipment. Equipment, she explained, will depend on the layout of the kitchen, the amount of money available, the nearness of the supply house, and the type of service given. There are so many kinds of equipment on the market that it is well to look carefully into the various makes before deciding.

Miss Bertha E. Beecher, Christ Hospital, Cincinnati, in her paper, said the personnel needs of a dietary department are as diverse as is each individual hospital, dependent upon the type of service, the kind of equipment, the ideas relative to food, and the rest and recreation of employes. Three things essential to keep the number of employes at the lowest figure without crippling the efficiency and speed of the department, are co-operation, training the help to do several things well, and a regulation that each employe report by telephone one-half hour before he is expected on duty, should that employe be unable to work. The plan of giving employes one day of rest per week has proven a very satisfactory one.

Epileptic Treatment Discussed.

On Tuesday morning the program was opened by Dr. M. G. Peterman, Children's Hospital, Milwaukee, Wis., who discussed the ketogenic diet which he has used with great success in the treatment of epilepsy. Dr. Peterman considers this diet one in which the dietitian has an opportunity to exhibit her skill for it requires a great deal of study to conceal the large amount of fat in such a way that the diet is not repugnant to the patient.

The next paper was on maintenance diets with variations, by Miss Minna Roese, Mt. Sinai Hospital, New York. The following points should be kept in mind, she said: First, a mastery of food values so that the figures and approximate amounts are at once visualized; second, it is important to know your patient, his nationality, and the food habits of his race; third, it is essential to know the principles

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of treatment for each diagnosis and the articles of food used. Detailed diets for diabetic, nephritic, and nephrosis cases were outlined, following in general these points. After the patient has been given a maintenance diet he is followed up in the out-patient department. To meet him in a food clinic is a good thing—have a talk, a lesson and a forum given for each group of patients. The patients learn to prepare their own food and how to work it in with the family menu. Each patient is made to feel that it is his own food clinic.

The discussion was led by Miss Mary M. Harrington, Ann Arbor, Mich.

The afternoon was given over to the dietetic section of the American Hospital Association which the members of the Hospital Dietetic Council attended. This is described elsewhere.

The first paper Wednesday was given by Miss Charlotte H. Miller. The audience went back into the fairyland of youth and heard of fairies and their homes, Peter Protein, who lives in the meat, eggs and milk houses, Fannie Fat in the butter house, Susie Sugar in the vegetable and bread houses and also in the candy house of which she is a bit ashamed; Minnie Mineral Matter in the vegetable houses, and Violet Vitamin in all of the houses.

Dietitian and the Steward.

The "Dietitian and the Steward" was the paper by Miss Ruth Bowden, Cottage Hospital, Santa Barbara, Calif. The work of the dietitian, according to Miss Bowden, has embraced so many phases of the food problem including buying, storekeeping, menu planning, employing the help, supervising the cleaning, teaching of nurses, and planning special diets that she finds it difficult to do a satisfactory piece of work from her own point of view. In some hospitals it has been arranged for a steward to do the buying, storekeeping and supervision of food service for the well, leaving the dietitian to take charge of the food for patients and teach the subjects of food and nutrition to the nurses.

Dr. Paul Dodds, St. Margaret's Hospital, Pittsburgh, Pa., gave a paper on carbohydrate metabolism in pregnancy toxemias. Patients suffering from the toxemia of pregnancy are divided into two classes, those who can be treated in the home, and those who need hospital care. For those who are treated in the home a high carbohydrate diet consisting of seven small meals is advocated. The first meal should be given before the patient is up in the morning, and the last one just before going to bed at night. Among the foods which are considered desirable are orange juice, honey, raisins, dates, stewed fruits, sweet desserts, cakes, cookies, clear candy, such as butter scotch or caramels, and vegetables. The foods to be avoided are pies and other heavy desserts and coffee.

Winnipeg's Health Good

Winnipeg.—For the first time since Winnipeg's municipal hospital was opened, part of the building has been closed down owing to lack of patients. Alderman E. T. Leech, chairman of the hospital commission, announced recently that Winnipeg citizens were in such robust health that it had been possible to close a whole floor of the building set aside for communicable diseases.

Please refer to THE CANADIAN HOSPITAL when writing.

Minimum X-Ray Requirements For Approved Hospitals

The following is from the report on hospital standardization recently issued by the American College of Surgeons, Chicago, and may be regarded as a minimum requirement of X-ray service in an approved hospital:

Location

The old idea of the basement location for this department is passing and to-day nothing lower than the ground floor should be acceptable. Many hospitals place the department in close proximity to the operating rooms, similarly to the clinical laboratory previously referred to. This has many advantages, especially in regard to better co-operation between the clinician and the radiologist, as well as in the examination of certain types of cases not readily or safely transported. However, in planning this department due consideration should be given to accessibility for doctors and patients.

Accommodation.

Proper lighting and ventilation is necessary. Freedom from dampness and proper protection from electrical and X-ray dangers must be duly regarded. The necessary rooms or divisions required for the comfort of the patient and the expedition of the work should be provided. Hospitals planning X-ray departments would do well to make a careful study of the problem and seek experienced advice on plans which in the end would provide maximum comfort for the patient and efficiency in operating the department.

Protection

Definite means must be taken to protect the patient, the operator and others in the department. The American College of Surgeons recommends that hospital authorities acquaint themselves with the nineteen recommendations compiled by the Safety Committee of the American Roentgen-Ray Society appearing in the April, 1925, Bulletin of the American College of Surgeons, Vol. IX, No. 1, pages 97 and 98, as submitted by James T. Case, M.D., Battle Creek, Mich., professor of Roentgenology, Northwestern University Medical School and surgeon to the Battle Creek Sanitarium. A copy of these suggestions will be sent by the Hospital Information and Service Department of the American College of Surgeons upon request. Observation of these regulations will tend to prevent accidents and damage suits against hospitals.

Minimum Floor Space

(a) For hospitals 50 to 100 beds, at least 400 square feet. (b) For hospitals 100 to 150 beds, at least 650 square feet. (c) For hospitals of 150 beds and up, 1,200 to 1,300 square feet.

Equipment

The X-ray department should be organized to do radiographic and fluoroscopic work at least. X-ray therapy is advisable when possible and practical.

Dr. Case says:

The following is regarded as the minimum equipment:

(a) Hospitals 50 to 100 beds:

One interrupterless transformer, of 5 kw. or more
(Continued on page 18)



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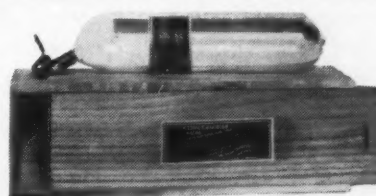
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Minimum X-Ray Requirements

(Continued from page 15)

capacity, with both rheostat and auto-transformer control, and preferably with 2 mm.

Coolidge tubes, of universal and radiator type.

Upright and horizontal fluoroscope and X-ray table equipped with tubestand, or a combination tilt table with facilities for fluoroscopic and radiographic work above and below the table and in the vertical position.

One Potter-Bucky diaphragm, preferably attached permanently to the X-ray table.

Upright plate changer for stereoscopic chest work (this also may be incorporated in the combination table).

Tunnel plate changer for ordinary stereoscopic work.

Stereoscopic and viewing box.

Two or more cassettes of each of the following sizes, 8x10 inches, 10x12 inches and 14x17 inches, with permanently attached intensifying screens.

One set of dark-room equipment.

Lead rubber protective gloves, aprons, goggles, time clock, and minor accessories.

(b) Hospitals 100 beds and over:

A more powerful interrupterless transformer than above noted.

Where therapeutic work is approved and a properly trained medical radiologist is available, 200,000 volt X-ray equipment for deep therapy may be added.

A minimum of 650 square feet floor space.

Table with Potter-Bucky diaphragm permanently attached is highly desirable.

Intensifying screens: 6 cassettes, 8x10 inches; 6 cassettes, 10x12 inches; 4 cassettes, 14x17 inches; all double and permanently attached.

Eye localizer and charts.

Fluoroscopic bonnet for foreign body and fracture manipulations necessary in operating room.

Every hospital should have a portable X-ray machine, particularly for non-transportable patients.

Personnel

There should be the necessary supervising, technical and janitor personnel. The American College or Surgeons requires supervision through a medical radiologist in all instances. This is essential from the standpoint of administration and development of the department, the carrying on of complicated technique, and particularly the accurate interpretation of findings.

Records

Proper forms for requisitioning and reporting findings are essential. Duplicate copies, at least, of reports of findings should be made—the original going to the patient's file, the copy to be kept in the department. The majority of X-ray departments to-day have well organized X-ray record systems, including not only the reports referred to but a cross-index giving at least the following information: (a) identification of the patient and the film by name and number; (b) cross-index, (1) anatomical or region examined, (2) pathological or diseased condition revealed.

The storage of X-ray films should receive careful consideration. There is a serious fire risk with the

(Continued on page 38)

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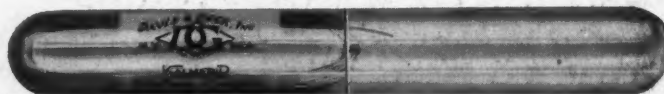
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20-Day Chromic.....	Boilable.....	No. 1245	20-Day Chromic..	Non-Boilable..	No. 1445
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400..BlackSilkwormGut..6 14-In. Sutures.....	00,0,1	
450..White Twisted Silk.....60 In.....	000,00,0,1,2,3	
460..Black Twisted Silk.....60 In.....	000,0,2	
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822..20-Day Kalmerid Catgut..20 In.....	00,0,1,2,3	
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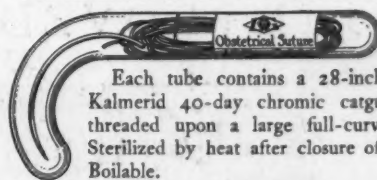
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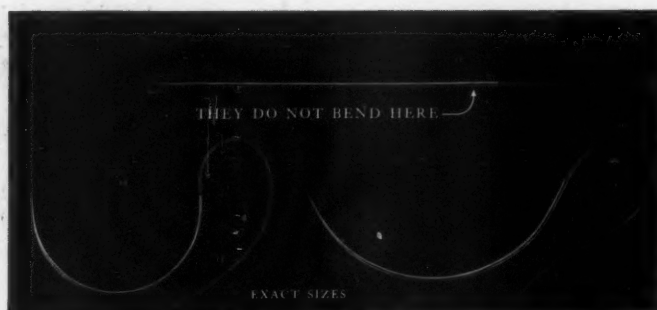


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Montreal Baby Hospital Uses Most Advanced Methods

The appalling high death rate among infants, especially those born out of wedlock, was one of the subjects discussed in the course of the recent Montreal Conference of Social Workers. That it is possible to prevent a large proportion of infantile mortality is proved by the record of the Montreal Foundling and Baby Hospital, St. Urbain Street, which is now entering on its thirty-fourth year. During that time between 2,500 and 3,000 babies have been under its care.

The story of the changes wrought by the care given at the hospital is one in keeping with the great advance made in preventive work in medical and nursing science. When the hospital was started, in a building on Argyle Avenue the mortality among the babies admitted was exceedingly high, some years at least 75 per cent. Thirty years ago, Dr. Marjorie Ward was put in charge, the training of children's nurses was started, and the mortality rate began to decrease. Miss L. C. Phillips, the present superintendent, who has been in charge for twenty-five years, has seen many advanced ideas put into effect and improvements carried out, the hospital now being housed in a fine building on St. Urbain Street. The mortality varies somewhat, according to the condition of the babies when admitted. It has been as low as eleven per cent., and this year it is expected it will not be over twelve per cent. An epidemic of dysentery occurred last summer; but in the hospital only two babies died. In the early part of last year thirty-four of the children developed measles, but not a single case became fatal.

Of the babies brought to the hospital, about one-third come within the category of foundlings. Some are babies who are found in need of nursing care, or come from homes where the mother is sick or where there are domestic difficulties. Some of the babies are in almost a dying condition when brought to the hospital, where the wise and efficient care given them often brings them back to a condition of health. Two babies were recently taken in, each weighing under three pounds.

The methods of treatment are individual and specialized. Each child's food is prepared to suit the little individual, who is regularly weighed, measured, and examined by a resident doctor. A graduate nurse is in charge of the wards, and another graduate looks after the preparation of food for each baby, while the staff includes children's nurses trained in the hospital.

Besides the airy wards, there are verandahs open to the sunlight, but as there are many days when the sun does not shine enough to meet the needs of the tiny patients, the method of producing artificial sunlight has been resorted to.

The adoption law recently passed in this Province, Miss Phillips said, is working out well, and quite a number of prospective foster parents have taken advantage of it to ask for a baby to adopt. In a number of cases those who adopted babies some years ago, when there was no adoption law, have applied to have the child made theirs legally.

Please refer to THE CANADIAN HOSPITAL when writing



Success and Service

Are registered by the testimony of satisfied clients. If you contemplate a campaign for funds, think this over. Kern-directed drives continue to command the approval of the clients served. Within recent weeks, enthusiastic approval of the work of this organization has been filed from widely scattered communities from Passaic, New Jersey, to Pueblo, Colorado. Comes now the verdict upon a Canadian campaign just concluded:

Sherbrooke Hospital

Fund Raising Campaign

October 16, 1925.

Mrs. Mary Frances Kern,
1340 Congress Hotel,
Chicago, U.S.A.
Dear Mrs. Kern:

I was authorized at a meeting of the Committee today to express our satisfaction and appreciation of the work done by your organization.

Your representatives have set up a working force of several hundred men and women in the City of Sherbrooke and extended the organization to twenty-one other centres in the Eastern Townships, including a total of over thirty towns.

While the unseasonable blizzard and bad weather have delayed the work and returns from the outside communities, the first returns at our luncheon meeting on the 14th showed that the committees in these neighboring towns are functioning effectively and will yield sufficient sums to help our totals very substantially.

We feel that everything has been accomplished that could be, and the expenses, through economical management, have been kept \$1,000 within the original estimate.

The publicity has been very fine and far-reaching, and aside from the fund raised, cannot help but be beneficial to the Hospital in establishing the institution in its proper place in the minds and hearts of the extensive community which has been campaigned.

Very truly yours,
W. E. PATON,
General Chairman.

MARY FRANCES KERN

Financial Campaigns

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8 West Fortieth St.
NEW YORK, N.Y.

73 Adelaide St. West
TORONTO, CAN.

Toronto Hospitals Amalgamate

The Joining of Grace and Western Hospitals Planned to Effect Economies in Operation, Increased Accommodation and Greater Facilities for Teaching of Medical Students

Following negotiations which have been proceeding for some months, the Boards of Governors of Grace Hospital and the Toronto Western Hospital have given final consideration to the plan of amalgamation. The agreement consummating amalgamation was unanimously endorsed.

A comprehensive building program includes the enlarging of the present Western Hospital building to a capacity so that it will have accommodation for 450 beds, and to have this building function entirely for public-ward patients. A new private pavilion, along the same general lines as that of the Toronto General Hospital, is to be erected on the present Western Hospital grounds, in conjunction with the enlarged Western Hospital building. The private pavilion is planned to take care of 150 patients in private and semi-private wards, giving the whole new institution a capacity of 600 beds.

It is expected that the remodeling and enlarging of Western Hospital, the new building and the completion of the nurses' residence, will cost in the neighborhood of \$750,000 to \$1,000,000. This amount, it is said, will be raised by public subscription as soon as the consolidation is completed, and plans fully agreed upon.

Greater Facilities.

The new institution will provide greater facilities for the public, and it is also hoped by those effecting the merger that in the private pavilion, private and semi-private wards, with the finest hospital service, may be provided at a cost smaller than it has been customary to charge for this type of accommodation. Whether this object can be effected or not, is not yet certain, but it is one of the great aims that the sponsors of the plan have in mind.

In addition, real economies and increased efficiency, it is expected, will be attained by the merging of the two hospitals under the management and the centralizing of the work on the two buildings, one of which will be enlarged and remodeled, and the other completely new.

But one of the greatest advantages of the amalgamation will be the increased facilities for instruction in both medicine and surgery, for the medical students of Ontario. The new hospital will be, as the Western Hospital is now, a teaching hospital, and its larger capacity will afford the Toronto University medical students a much larger opportunity for bedside study. This is one of the great purposes behind the joining of the two institutions, and is expected to contribute to a large extent in the increased efficiency of the future M. D.'s of the province.

Consider New Names.

No name has as yet been chosen for the new hospital. One suggestion is that the name be St. Luke's after the apostle who is the patron saint of the medical profession. This suggestion is said to have found favor with a great many of those concerned in the consolidation. Another suggestion is the

name be the Sir William Osler Memorial Hospital, as a tribute to the late Sir William Osler. St. David's is another name that has been mentioned. This would bear testimony to the generosity of David Fasken, Toronto lawyer, who has been one of the greatest benefactors of the Western Hospital. It has also been suggested that the new hospital retain the name Western, and that the new private pavilion be named Grace Private Pavilion, but the consensus of opinion seems to be that the new institution should have a new name.

Grace Hospital, which, it is said, was named after the famous Grace Hospital of Detroit, was established in 1887 as a dispensary on Jarvis street. In January, 1890, a house was rented on Richmond street west and a hospital with eight public beds and one private bed was opened. In the same year a house was purchased at the northeast corner of Shuter and Jarvis streets, and on May 8, 1890, this was opened with 30 public beds, one private and one semi-private ward.

Rates of 1890.

In these early days the institution was known as the Homeopathic Free Dispensary Association, and in 1890 the charges were: for public wards, \$2.40 a week; semi-private wards, \$6 a week, and private wards, \$10 a week. The new 32-bed hospital of 1890 was filled to capacity almost immediately after its opening.

In the same year the training school for nurses was founded, Miss Appa Grant being the first lady superintendent, and Miss L. Brent succeeding her. In 1891 the nursing staff was nine nurses and one orderly.

In January, 1893, the hospital moved to its present location at Huron and College streets, where the building it has since occupied was purchased. In the new quarters 69 public and 19 private and semi-private wards were available. The building has since been remodeled and slightly enlarged to its present capacity of 124 beds, there being 76 in the public wards, 35 semi-private and 13 private.

The private wards, named in memory of benefactors of the hospital, bear testimony to the generosity which established them. The private wards include the names Grant MacDonald, Robert Baldwin, Christie Palmer, Annie Roper, Mary, Gurney, Sutherland, Todhunter, Jacques, Reid and King's Daughters. The largest public female ward is called the Lyman ward, after Mary and Jessie Lyman, daughters of the late John Lyman of the firm of Northrop and Lyman, in recognition of the liberal benefaction he left the hospital in his will.

A Splendid Record.

The first house physician of Grace hospital was Mr. Lane, a medical student of Trinity, who was followed by Dr. Wm. Chambers. Dr. W. H. Harris is the present dean of staff of the hospital. He has been associated with the medical staff of the hospi-

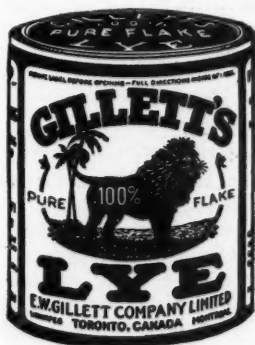
(Continued on page 28)

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For cleansing and disinfecting, dissolve one teaspoonful of Gillett's Lye in two gallons of water. The fine crystal flakes dissolve instantly in hot or cold water.

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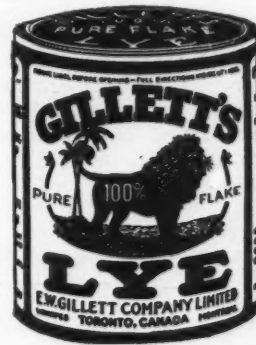
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News of Hospitals and Staffs

*Condensed News of Hospitals and
Allied Institutions from Coast to Coast*

Goes to St. Catharines Hospital

Niagara Falls, Ont.—Miss Wilhelmine Twidale, city public health nurse here, has been appointed Assistant Superintendent of St. Catharines Hospital.

Nurses' Home is Splendid Gift

Midland, Ont.—The opening of the new addition to the nurses' home in connection with St. Andrew's Hospital is another substantial step forward in the history of that institution, due to the outstanding generosity of Mr. and Mrs. James Playfair, who bore the entire cost of constructing the new addition as well as furnishing it. They also gave the original building, so that their latest gift is another evidence of their interest in this worthy institution.

Large Graduating Class

Stratford.—Eleven nurses graduated from the local hospital on November 2nd, and received diplomas at the graduation exercises of the Nurses' Training School of the General Hospital, held in the Majestic theatre. The class, which is the largest ever turned out at the local hospital, includes: Mary A. Simmon, Drayton; Bessie N. Britton, Dublin; Celeste M. E. Staples, Ingersoll; Hazel G. Crerar, Shakespeare; Eleanor K. Huras, Wellesley; Hannah M. Ballantyne, St. Paul's; Louise K. Sippell, Tavistock; Sarah E. Kopas, Alma; Beatrice M. Cavell, Owen Sound; Elsa M. Steffen, Sebringville, and Jessie M. Case, Teeswater.

Kindersley Has Municipal Hospital

Kindersley, Sask.—The United Municipal Hospital was opened here in October. The hospital has 21 wards with 22 beds, also a spare and an emergency ward. The wards are all well laid out with plenty of light and ventilation. On the first floor is the office, staff dining room, large kitchen, matron's bedroom and sitting room, five bedrooms for the nurses, spare and emergency ward, three bedrooms for housekeeper and maids, pantry, two store rooms, nurses' toilet and bath and a toilet for the patients. The second floor consists of twenty-one wards, patients' toilet and bath, properly lighted operating and case room, sterilizing room, diet kitchen and nursery. The building is equipped with covered fire escapes, septic tank, linen chute and has a hot and cold water system.

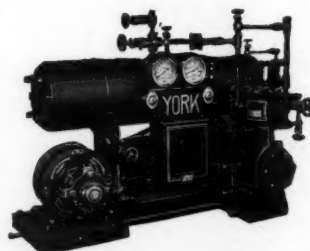
The staff includes: Matron, Miss Richmond; nurses, Misses Morrison, Marks, Owens, Lewis, Laburge and Lafrancois; housekeeper, Mrs. P. McGrath; maids, Misses Nilson and Alexander.

Dr. Peter Stuart's Bequests

Guelph, Ont.—Announcement was made at a meeting of the Board of Directors of the Guelph General Hospital that that institution had benefitted to the extent of \$5,000 by the will of the late Dr. Peter Stuart. The will also leaves all his surgical instruments to the hospital.

Fine Harvest At Hospital Farm

North Battleford, Sask.—Exceptionally good crops have been harvested at the Provincial Hospital during the last few weeks. The returns show that 27,500 bushels of grain, 15,000 bushels of potatoes, 5,000 bushels of turnips, 50 tons of carrots, 20 tons of beets and immense quantities of cabbage, parsnips and other vegetables have been harvested. The soil of the Hospital farm and grounds is of a light variety and the exceptionally heavy crops taken off is indicative of the first-class farming methods employed.



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Leaves \$2,000 to Hospital

London, Ont.—The late Samuel Price, K.C., former chairman of the Workmen's Compensation Board, who died recently in this city, left an estate valued at \$95,000. The sum of \$2,000 is bequeathed to the Banting Research Fund, and \$2,000 to the St. Thomas Memorial Hospital. Mr. Price for many years having practiced law in that city.

Appoint New Dietitian

Oshawa.—Miss Hawke, of Grimsby, has been appointed dietitian of the Oshawa General Hospital to succeed Miss Alice Moore, who is leaving to take post-graduate work at Clifton Springs Sanitarium, N.Y. Miss Hawke has had two years' practical experience in the hospital at Brandon, Man. She is a graduate of a technical school. Miss Moore, who is a daughter of Dr. James Moore, of Brooklyn, is a graduate of Macdonald Hall, Guelph.

Birthday Tea At St. Michael's

Toronto.—In honor of the twenty-first anniversary of the Alumnae Association of St. Michael's Hospital Training School for Nurses, a delightful birthday tea was held in the Nurses' Residence.

In the spacious reception rooms, beautiful with roses and 'mums, the guests, numbering several hundred, were received by Sister Superior, Miss M. Power, the First President of the Alumnae, and Miss M. I. Foy, President.

President Kent Retires

Toronto.—At the annual meeting of the Toronto Hospital for Incurables, Ambrose Kent, for 22 years president, resigned and was appointed president emeritus. Election of officers resulted: President, Lieut.-Col. Noel Marshall; vice-presidents, John Macdonald and John Firstbrook; lady directresses, Mrs. Grant Macdonald and Miss Mortimer Clark; honorary trustees, Ambrose Kent and Reuben Millichamp; trustees, W. A. Baird, John Firstbrook and S. B. Gundy.

Hope Lodge Hospital Annex

Winnipeg.—Hope Lodge, West Kildonan, special Salvation Army hospital annex of 12 beds, was officially opened by Mrs. Arthur Rogers, M.L.A., on November 6th.

Commissioner and Mrs. Charles Rich, Mrs. R. H. Webb, Miss Gertrude Childs of the City Social Welfare department; Miss Elizabeth Russell, of the Provincial Health department; Mrs. Charles E. Sugden, Mrs. Digby Wheeler, Mrs. T. R. Deacon and other visitors were present.

Commissioner Rich spoke of the lodge as a small beginning. Other extensions of the Salvation Army work in the West included the opening of a maternity hospital of 40 beds in Edmonton and the purchase of a new place for additional hospital work in Calgary. This work was done under Brigadier Annie Park, social secretary for women's work.

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Heart 2 Strap

The newest trend in strap pumps, two thin straps on a high-sided pump of patent leather



The Nurses Dress Shoe

Of course you want your dress slipper to be just as comfortable as your duty shoe —only heaps better looking. Here it is! The Heart 2 Strap Pump in patent leather on your same RELIEF Last.

In it you get that same solid comfort that you have enjoyed while on duty, plus the good looks of a shoe as smart as any you will see.

The RELIEF is also carried in black or tan kid 2 strap slippers, black or tan kid Oxfords, black kid boots, or white cloth Oxfords.

Write for Footograph Chart
for ordering by mail



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Black Kid
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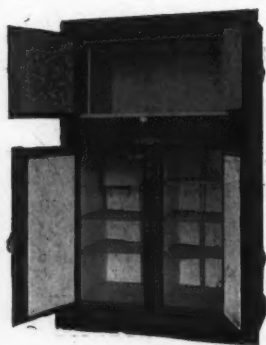
Those ointments used chiefly for protective purposes are prepared with non-absorbable bases which do not permit the ointment to spread to unaffected areas. While medicines acting through absorption are incorporated in bases which are quickly and deeply absorbed, carrying the medication into the tissues and thereby producing the maximum effect.

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TORONTO - ONTARIO

Toronto Hospitals Amalgamate

(Continued from page 24)

tal since 1902, and has been dean of staff for about ten years.

The amalgamation plans involve the closing of the present Grace hospital building, which, with its staff, has accomplished a splendid record of service. In the past ten years the outpatients' department has treated about 135,000 patients; 2,800 patients have in the same period been admitted to the private and semi-private wards. Over 5,500 babies during that time have first seen the light of day within the shelter of the walls of Grace hospital.

Since 1915 more than 160 nurses have trained in the hospital. The present staff consists of four house surgeons and 55 nurses in training.

Western Hospital has grown from a small beginning into the present large, important institution. It is now under the management of A. C. Galbraith, who has been general superintendent since 1923. Last year the hospital had a record of 86,500 patient days. The number of outpatients has tripled in the past two years. The annual deficit has also been gradually reduced, having decreased from 36.68 cents per patient per day to 18.38 in two years.

Western hospital was founded 29 years ago in two rented houses on Manning avenue. Hon. Thomas Crawford has been chairman of the board for twenty years.

Staff Involved.

The chief surgeon of Western Hospital is Dr. H. A. Beatty, chief physician is Dr. F. Arnold Clarkson; gynaecology and obstetrics, Dr. R. W. Wesley; in ear, nose and throat, Dr. N. K. Wilson; genito-urinary surgery, Dr. A. I. Willinsky; chief of pathology is Dr. W. Ewart Ferguson, and chief roentgenologist, Dr. W. C. Kruger; chief of out-patient department is Dr. W. C. Heggie; chairman of staff, Dr. F. C. Trebilcock; secretary of staff, Dr. H. M. Harrison; chief of dental service, Dr. Harold K. Box. There is, in addition, a long list of active and associate surgeons and doctors.

Chief surgeon at Grace Hospital is Dr. W. H. Harris, with whom is associated Dr. J. H. McConnell and Dr. C. H. Gilmour. In charge of the medical staff is Dr. H. C. Wales, with Dr. R. C. Griffith. The other chiefs are: Gynaecology and obstetrics, Dr. C. J. Currie; ear, nose and throat, Dr. T. A. Davies; pathology, Dr. Noble Sharp; roentgenologist, Dr. W. J. Cryderman; eye, Dr. Mortimer, Lyon.

Training Hospital Executives

(Continued from page 12)

in the hope that Marquette University, or some other university, will take this up and go into it, either along the lines I have indicated or some similar lines, and have a real course in hospital administration so that the graduates may go into their work as professional men and women and do better than they have done before.

I would like to see the young man or the young woman who is going into this course required to have the same education he would be required to have to go into any other profession.

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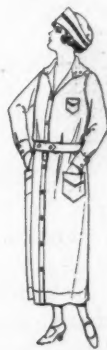
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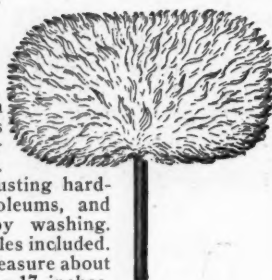
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For those of our readers who are looking for a suitable Christmas Gift for nurses the new volume, "A Short Life of Florence Nightingale" will have a strong appeal. The first edition of Sir Edward Cook's "THE LIFE OF FLORENCE NIGHTINGALE" which has been out of print for some years, is generally regarded as the standard biography of the "Lady with a Lamp." It is a beautiful character study, historically accurate, and written in a charmingly intimate style.

Sir Edward contemplated writing a Short Life which was to be a fresh book rather than an abbreviation. His death unfortunately prevented the accomplishment of this task, but we are indebted to Rosalind Nash, a member of the short Nightingale family, for the present work. Mrs. Nash says in her preface—"It is Sir Edward Cook's book in a shortened form; but some passages of it are fresh and there is some rearrangement of the material." It is a most able revision.

Women of the world must pay tribute to Miss Nightingale in yet another role—as a pioneer of feminism who was largely responsible for the lifting of the absurd Victorian prejudices against women taking any active part in public affairs. Lord Stanley said: "Mark, what by breaking through customs and prejudices, Miss Nightingale has effected for her sex. She has opened to them a new sphere of usefulness. A claim for more extended freedom of action—based on proved public usefulness in the highest sense of the word, with the whole nation to look on and bear witness—is one which must be listened to and cannot be easily refused."

The price of this splendid book is only \$3.50 post-paid. Send order with remittance direct to The Edwards Publishing Company, 73 Adelaide Street West, Toronto.

Now Hospital Executive in India

Kingston—A communication has been received at Rockwood Hospital from Dr. Harry Harty, a graduate of Queen's University, and at one time a valued interne at Rockwood Hospital.

After leaving Queen's, Dr. Harty took a post graduate course in London, England. He gave valuable service during the war and was on the famous battleship "Renown" during the engagement at Jutland.

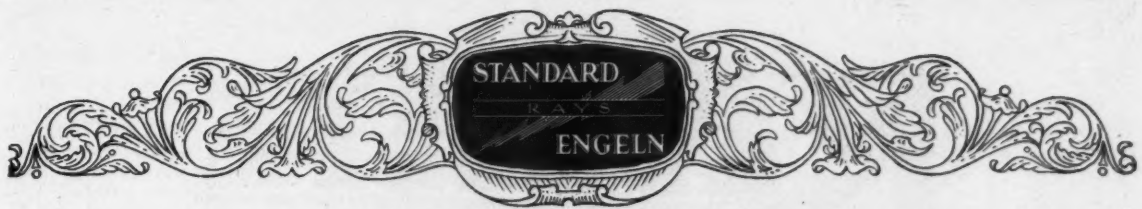
Dr. Harty is now medical superintendent of a large mental hospital at Poona, India, and has written Dr. Ryan for information respecting the administration of Rockwood Hospital with reference to treatment, equipment, training school for nurses and educational facilities.

\$10,000 Collected for Hospital

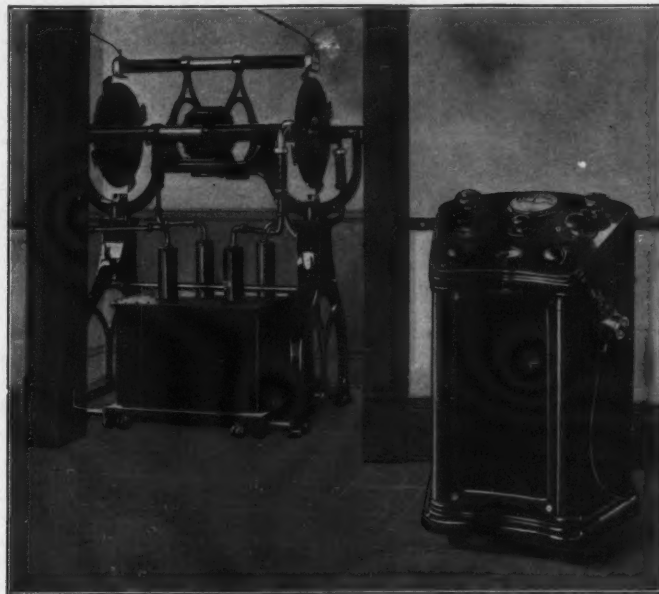
Port Arthur—A new General Hospital for Port Arthur, often talked about, and always wished for, while not yet in sight, is nearer accomplishment now than it was a year ago, for, at the recent annual meeting of the General Hospital, it was announced that the Ladies' Aid of the hospital now had almost \$10,000 in hand, earmarked for that purpose.

The capacity of the hospital at present is 50 beds and 8 cots.

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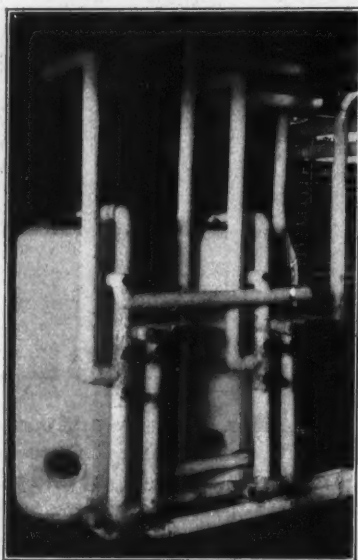
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Nine Storey Nurses' Residence for Montreal

Urgent need for additional and permanent nurses' accommodation at the Montreal General Hospital, has been met by a provincial government grant of \$200,000. Building of a nine storey home will commence this fall, with the aim of completing it by next October.

This development is recognised as an important turn in the hospital accommodation of Montreal. A scheme of extension to the former Western Hospital and the Montreal General Hospital, amalgamated some time ago, was drawn up, under which provision was made for a new nurses' home for the central division, new out-patient department and private and public ward accommodation.

The portion to be erected will house 210 nurses, while the whole accommodation plan provides for 450 nurses. Procedure with only part of the scheme is accounted for by the financial position of the hospital. The new building to which two more storeys will be added later, will be situated on the property opposite the Montreal General Hospital on Dorchester street. The architects of the home are H. L. Fetherstonhough and J. Cecil McDougall. The contract has been awarded to the Foundation Company, of Canada.

The ground floor plans provide for reception room, libraries and quarters for the superintendent of the training department. The next floor will have provision for educational purposes. The staff nurses will occupy the next two floors and the remaining part of the residence will be for training nurses.

An appeal will be made next spring to the public for funds to further relieve the acute need for public and private hospital accommodation. Hospitals have been taxed to the full during the past summer months and the situation has been ably met, but the fact remains that additional beds are urgently needed.

Saskatchewan Hospital Association's Annual Meeting

Mr. H. W. Cookson, of Weyburn, was elected president of the Saskatchewan Hospital Association at the annual convention, which was brought to a close on November 13th. It was decided that the next convention of the association would be held in Regina late in June.

The other officers elected were as follows: First Vice-president, J. W. Hartwell, Rosetown; Second Vice-President, W. E. Stevenson, Moose Jaw; Third Vice-President, J. M. Clark, Yorkton; Secretary, G. E. Patterson, Regina.

The convention was attended by some twenty-five delegates, the president, G. E. Patterson, presiding. During the convention some valuable and interesting addresses were given dealing with various phases of hospital work.

The Resolutions.

During the convention the following resolutions were passed:

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"That all future conventions be held in Regina, and that the date be at a day during the latter part of the month of June."

"This seventh annual convention of Saskatchewan Hospital Association wishes to congratulate Dr. Malcolm T. McEachern on the added responsibility assigned to him in connection with the survey of hospital systems in Australia and New Zealand, and at the same time wish to express our appreciation of the splendid assistance given to our association since its inception, by Dr. McEachern."

"The association desires that representations be made to the Provincial Government asking that the per diem allowance made to hospitals maintaining a nurses' school, be increased to the amount of ten cents per day."

"That the charges made to municipalities in addition to the general ward fee of \$2.50 per day, may include all proper items in respect of ordinary operating expenses, drugs, dressings and other accessories supplied by the hospital, but shall not include any fee to a medical practitioner, and such charges may be fixed from time to time by the Minister of Health, for all hospitals or for any class of hospital or for any hospital."

"Whereas the only standardization of hospitals in the Province of Saskatchewan is that based on the inspection of the American College of Surgeons, and whereas it is desirable that such standardization be adopted by Canadian organizations, be it resolved that the department of public health be asked to establish a basis of standardization, make

inspections and publish an approved list along the same lines as the American College of Surgeons."

Suggestions.

"That in the opinion of this convention the Union Hospital Act, as at present constructed, does not meet the requirements of union hospitals at present organized nor facilitate the organizing of our new districts, let it therefore be resolved that a new Act be drafted giving effect to the following suggestions:

"In hospital districts with the suggested minimum assessment valuation of ten million dollars, that this district include all urban centres therein. A straight majority vote shall suffice for the passing of any monetary by-law. That the location of the hospital shall be left solely in the hands of the Department of Public Health.

"That all bases of agreement shall be uniform and based on actual assessment of the various units. That the various municipal acts be amended to permit any municipality to levy a tax for the care of the sick. That the Government look into the advisability of levying a hospital tax on every non-taxpayer resident in the Province for health purposes.

That the hospital board members be appointed for a term of two years, half retiring annually. That this seventh annual convention would recommend that a delegate be appointed from this association to attend the meeting of the Manitoba and Alberta associations.



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Queen Alexandra Beck Memorial Campaign Under Way

With nearly 300 team workers present, final organization plans were laid in the Prince George Hotel, on Wednesday, November 18th, for the big Queen Alexandra Beck Memorial \$500,000 campaign fund, to be launched throughout the Province.

There were brief enthusiastic addresses, but mainly the meeting was given over to the business of choosing teams and laying out the campaign schedule. Not only did the captains of teams pick their own co-workers, but they chose from the master list of business firms and citizens the names of those whom they undertook to canvass, thus introducing a strong personal appeal into the solicitations.

At a dinner in the Pompeian Room of the King Edward Hotel, at 6.30, Friday evening, the Beck Memorial campaign was launched with all the workers present to receive last-minute instructions. From Saturday morning on to the end of the following week the canvass will continue in quest of the \$500,000, with which to endow the Queen Alexandra Saratorium, so that Sir Adam's hospital may perpetually keep its doors open to tuberculous indigents.

Alberta Hospital Executives and Nurses in Convention

The annual convention of the Alberta Hospital Association and the Alberta Association of Registered Nurses was held in the Palliser hotel, Calgary, on Thursday and Friday, November 12th and 13th. The convention was attended by members of the administrative staffs of the hospitals of Alberta and members of the Registered Nurses' Association. About sixty delegates were present at the joint convention.

Several interesting papers were read before the Alberta Hospitals Association, on Thursday afternoon. The first of these, by E. E. Dutton, secretary of the Galt Hospital, Lethbridge, was on "Private Hospital Situations." Another, on the "Relation of the Municipal District Patient to the City Hospital," was given by Dr. H. R. Smith, superintendent of the Edmonton Hospital Board. "The Necessity for An Increased Government Grant for Hospitals" was dealt with by Dr. A. E. Archer, of the Lamont Hospital, Lethbridge. G. G. Harris, of the University Hospital, Edmonton, gave a paper on "Hospital Accounts." Dr. H. P. Groff, of the Workmen's Compensation Board, spoke on the Workmen's Compensation Act.

Registered Nurses Meet.

A similar session was held by the Registered Nurses' Association. Miss Hendry, city health nurse, gave a paper on the "Value of Health." A report of the Finland International Convention was presented by Mrs. Mansen, of the Royal Alexandra Hospital, Edmonton. Educational problems in the training school were discussed by Miss Gray, of the University of British Columbia.

At Friday morning's session, which was a joint one, a paper on "Hospital Survey" was given by

(Continued on page 38)

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Alberta Hospital in Convention

(Continued from page 36)

G. E. Dutton, secretary of the Galt Hospital, Lethbridge. "International Diets" was the subject of a paper by Miss Buzzell, dietitian of the Central Alberta Sanatorium at Keith. "Breakages and Losses in Hospitals," by James Barnes, superintendent of the Calgary General Hospital. Miss De Fatge, of the Holy Cross Hospital, Calgary, spoke on "Hospital Economics." Dr. W. A. Lincoln, of Calgary, read a paper on "What a Doctor Expects of a Hospital." Sister Good Council of the Misericordia Hospital, Edmonton, dealt with "The Refrigerating Plant and Food Economy in the Hospital."

At the afternoon session, Rev. Canon Carruthers, of the Edmonton Hospital Board, spoke on "The Need for an Old People's Home in the Province of Alberta." Dr. Cook, superintendent of the Provincial mental hospital at Ponoka, gave an address on "The General Handling of the Patient and Occupational Therapy." Miss Gray, of the University of British Columbia, on the "Nursing Problems of a Small Hospital." The concluding address was given by Dr. W. C. Laidlaw, Deputy Minister of Health for the Province, on "Public Health in Alberta."

Red Cross Hospital Opened

Englehart, Ont.—The Canadian Red Cross Hospital at Englehart was officially opened on November 9th by the Hon. Lincoln Goldie, provincial secretary; George Lee, chairman of the T.N.O. Railway Commission; Col. McLaren and Col. Martin, members of the Commission; Miss Wilkinson and Dr. Routley of the Canadian Red Cross; Mr. Alderson and Mr. Mathews of the Northern Ontario Fire Relief Committee, were among the guests present.

The hospital building consists of a modern fireproof structure with a capacity of ten beds and fills a great need of the district.

Paris.—At the Willett Hospital, before a representative gathering of citizens, a memorial tablet was unveiled to the memory of the founder, the late Mrs. A. Willett. John Harold, Chairman of the Board of Governors, presided, and the unveiling was done by Dr. D. Dunton. The tablet is of bronze, and erected on the south wall of the institution beneath an enlarged portrait of the founder.

Minimum X-Ray Requirements

(Continued from page 18)

ordinary highly inflammable X-ray films unless properly protected and ventilated filing cabinets or vaults are used. Many communities have passed ordinances compelling hospitals to file these films in fireproof vaults or containers. A number of hospitals are using the non-inflammable film now available.

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Brandon Nurses' Social Evening

Brandon.—The recently formed Brandon Mental Hospital Graduate Nurses' Association held a very happily arranged social evening at which Dr. C. A. Baragar, superintendent of the hospital, was the special speaker. A musical program consisting of vocal solos by Miss G. Remey, C. Edwards and J. Davidson, and a violin solo by Miss M. Raeburn, was much appreciated. Following the program refreshments were served. The officers of the association are: Honorary president, Miss A. F. Mitchell; president, Mrs. G. L. Seward; vice-president, Miss M. Marlatt; secretary, Miss M. Raeburn; treasurer, Miss M. Pirie. Social committee, Miss J. Scott, convenor, the Misses F. Scott, Metson and G. Bagg.

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